## City of Mt. Vernon Peddlers Permit

Fee: \$10.00/ day per person

Restricted Hours: 8:00 a.m to 6:00 p.m.

Photo Id or Drivers License Required

Number of Days Requested in City:				
Applicant Information:				
Full Name:	· 	-		
	Last	First		MI
Permanent Address:	Street	City	State	Zip
	oncot	Only	0.0.0	<b>—</b> ,p
If Transient, Please Include Local Address:	Street	City	State	Zip
miciade Local Address.	Street	Oity	State	Zip
Day Phone		Night Phone:		
Date of Birth		Vehicle License #:		
Physical Description (Height, Weight,	Eye Color):			
Type of Products to be Sold (Be Speci	iic):			· · · · · · · · · · · · · · · · · · ·
	A I' 4			
Company Represented by A	Applicant:			
Full Name of Person or Company				
	Last	First		MI
Address:				
	Street	City	State	Zip
Day Phone:	<del> </del>	Night Phone:		
List ALL Criminal Conviction	ons:			
Type of Offense:				
- 1				
Date	Pla	ice:	··	
<u> </u>				
S್ಪಿಗೆature of Applicant		Date		<u> </u>